

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048026

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 3

FILED JAN 7 1963

1. PLACE OF DEATH a. COUNTY Ray County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 11 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County		d. STREET ADDRESS (If outside, give location) 500 South Camden	
3. NAME OF DECEASED (Type or print) THOMAS WESLEY HEROD		4. DATE OF DEATH December 28, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Dockery, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John W. Herod		13b. MOTHER'S MAIDEN NAME Rebeckie Bradley	
14. NAME OF HUSBAND OR WIFE Ruthie Travillion		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Ruthie Clara Herod Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Coronary Vascular Accident DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 10-15-62 to 12-28-62 and last saw her alive on 12-27-62		20g. COUNTY 1;10A	
20h. STATE		20i. DATE RECD. BY LOCAL REG.	
21. I attended the deceased from Death occurred at		22. SIGNATURE (Degree or title) Thomas B. Cooby M.D.	
22a. ADDRESS Richmond, Mo.		22b. DATE SIGNED 12/28/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/30/1962	
23c. NAME OF CEMETERY OR CREMATORY Hickory Grove		23d. LOCATION (City, town, or county) Dockery, Missouri	
24. FUNERAL DIRECTOR Carter Funeral Home Richmond, MO.		25. REGISTRAR'S SIGNATURE Malcolm Jackson	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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JAN 16 1963

Dr. Tom Cook

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.